

# LITTER CONTROL FORM

Website: <http://www.blacksburg.va.us/pubworks/adoptspt.html>  
Please complete the following information and return it one week after your scheduled collection. Thank you.

Date of pickup: \_\_\_\_\_ Number of participants: \_\_\_\_\_

Group/Organization Name: \_\_\_\_\_

Pick-up Location: \_\_\_\_\_

Hours Spent Collecting: \_\_\_\_\_ Number of bags collected: \_\_\_\_\_

Did you dispose of the bags? \_\_\_\_\_ If no, please give exact location so Town of Blacksburg crews can collect the debris.

Were you able to recycle any of the debris collected? \_\_\_\_\_ If yes, what did you collect: Commingled Containers \_\_\_\_\_ Other \_\_\_\_\_

Participants are encouraged (not required) to collect materials in a manner which will allow it to be recycled. Commingled containers can be collected in a separate bag from trash.

How many bags were collected and recycled? collected \_\_\_\_\_ recycled \_\_\_\_\_

## ***IN ORDER TO KEEP RECORDS UP-TO-DATE PLEASE CHECK THE FOLLOWING INFORMATION FOR ACCURACY:***

☐ Check here if information listed below is accurate.

Contact person:

Name:

Address:

Phone Number:

E-mail Address:

Group Name:

Pick-up Location:

Comments:

---

---

---

If you have any questions, please call (540) 961-1806. Thank you for your cooperation.

